



Incident Report

Print Date/Time: 12/17/2015 15:28
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2015-00202201

Incident Date/Time: 12/3/2015 3:35:00 AM
Location: SR 9 NE / SR 92
#Error
Phone Number: (425) 330-1315
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: #Error
Venue: Lake Stevens
Source: #Error
Priority: 3
Status: #Error
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0127-Adams
19N2	SS0131-Wells
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	#Error	#Error	#Error		#Error	#Error	
2	#Error	#Error	#Error		#Error	#Error	

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
#Error	#Error		#Error		#Error	B62413W	#Error

Disposition(s)

Disposition	Count
#Error	1
#Error	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

12/03/2015 : 04:43:50 SP0120 Narrative: 19N1 ADV

12/03/2015 : 04:43:17 SP0120 Narrative: PER MAR PD, PIRONE, BRANDON DOES NOT RESIDE AT MAR ADDR (FROM HIS DRIVER LIC INFO). HE RESIDES AT UNKNOWN ADDRESS IN EVERETT. SUBJ AT MAR ADDRESS PROVIDED PIRONE'S PHONE # 425-330-2940

12/03/2015 : 04:27:25 SP0120 Narrative: 19N1 REQ STREET SWEEPER TO LOC FOR DEBRIS //DOT ADVISED

12/03/2015 : 04:19:50 SP0243 Narrative: PER 16S20 RO HAS NOT LIVED AT TWIN PONDS APTS FOR AT LEAST 4 YRARS. CLEAR GEORGE

12/03/2015 : 04:05:59 SP0120 Narrative: TOW ON SCENE

12/03/2015 : 04:05:00 SP0120 Narrative: ARL PD CFS #729

12/03/2015 : 04:04:46 SP0120 Narrative: ARL PD ATC RO REG ADDR

12/03/2015 : 04:00:26 SP0120 Narrative: MAR PD TO ATC RO/ADDR FROM DRIVERS LIC, CFS #723

12/03/2015 : 03:50:57 SP0120 Narrative: SVR Notes: ANGEL TOW ENRT

12/03/2015 : 03:50:44 SP0321 Narrative: cmd term, all aid avl

12/03/2015 : 03:46:25 SP0321 Narrative: veh unoc

12/03/2015 : 03:46:22 SP0166 Narrative: R/O DOL L/PIRONE F/BRANDON M/M D/04/27/1976 - SHOWS ADDR 9520 59TH DR NE ,MAR - PHONE 360-659-8107 OR 360-435-8249

12/03/2015 : 03:45:43 SP0321 Narrative: aid os, inv

12/03/2015 : 03:45:21 SP0166 Narrative: 19N1 SPOKE TO RP, DIDN'T SEE ANYONE OS

12/03/2015 : 03:45:05 SP0321 Narrative: blu pu on top , inv

12/03/2015 : 03:43:24 SP0166 Narrative: VIN/1GCCS1446T8108834

.VYR/1996.VMA/CHEV .VMO/S10PU ,006000,11-18-2015

EXP DATE/11-18-2015

PIRONE,BRANDON M PIC NAME1 PIRONBM246J7

8510 212TH ST NE APT 101 TAB# IS S607338 15

ARLINGTON,WA,98223 PREV TAB F538791 14

12/03/2015 : 03:43:01 SP0166 Narrative: NOBODY IN THE VEH AND STILL RUNNING PER PD

12/03/2015 : 03:40:43 SP0370 Narrative: BRIDGETT COLLETTE 4252993329, THIS RP HAS STOPPED AND ADV NOT OCCUPIED,

12/03/2015 : 03:39:10 SP0370 Narrative: ANOTHER CALLER ADV WB 92, BLKING,

12/03/2015 : 03:38:33 SP0379 Narrative: Narrative added from associated Call #: 703 - AC, FEW AGO, SAW UPSIDE DOWN BLU CHEVY PU IN INTERSECTION, NO ONE W/, SAW M DRESSED IN BLK WALKING NEARBY, NOT SURE IF W/ VEH

12/03/2015 : 03:37:59 SP0370 Narrative: RP DID NOT STOP, AND HU ON CT WITHOUT FURTHER

12/03/2015 : 03:37:21 SP0370 Narrative: GLD/SIL S10 ON ITS TOP, UNK INJ


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E489416

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION _____

CASE # 15-202201
LOCAL AGENCY CODING 0664
TOTAL # OF UNITS 01 **OBJECT STRUCK** _____

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #
DATE OF COLLISION 12 - 03 - 2015	0337	31				0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
SR 9 **BLOCK NO.** _____ **MILE POST** _____

DISTANCE _____ **OF (REFERENCE OR CROSS STREET)** _____
MILES ☐ **FEET** ☐ **N** ☐ **E** ☐ **S** ☐ **W** ☐ **SR 92**
UNIT 01 **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **DAMAGE THRESHOLD MET** ☒ **YES** ☐ **NO** ☐ **PHONE** _____

LAST NAME UNKNOWN **FIRST NAME** _____ **MIDDLE INITIAL** _____

STREET NEW ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____

CDL _____ **RESTRICTIONS** _____ **ENDORSEMENTS** _____

DRIVER'S LICENSE # _____ **STATE** _____ **SEX** **U** **D.O.B.** _____ **MMDDYYYY** _____

ON DUTY ☐ **STATUS** _____ **AIRBAG** **9** **RESTR.** **9** **EJECT** **9** **HELMET USE** **9** **INJURY CLASS** **0** **NATURE OF INJURIES** _____

LICENSE PLATE # B62413W **STATE WA** **VIN# 1GCCS1446T8108834**
TRAILER PLATE # _____ **STATE** _____ **TRAILER PLATE #** _____ **STATE** _____

VEH. YEAR 1996 **MAKE CHEV** **MODEL S10** **STYLE PK** **VEHICLE TOWED** **YES** ☐ **NO** ☒ **TOWED BY** _____ **GOVT. VEHICLE** **YES** ☐ **NO** ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** _____

VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** _____ **CHARGE** _____

VEHICLE NO. 1
 SHADE IN DAMAGED AREA

UNIT 02 **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** ☐ **YES** ☐ **NO** ☐ **PHONE** _____

LAST NAME _____ **FIRST NAME** _____ **MIDDLE INITIAL** _____

STREET NEW ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____

CDL _____ **RESTRICTIONS** _____ **ENDORSEMENTS** _____

DRIVER'S LICENSE # _____ **STATE** _____ **SEX** _____ **D.O.B.** _____ **MMDDYYYY** _____

ON DUTY ☐ **STATUS** _____ **AIRBAG** _____ **RESTR.** _____ **EJECT** _____ **HELMET USE** _____ **INJURY CLASS** _____ **NATURE OF INJURIES** _____

LICENSE PLATE # _____ **STATE** _____ **VIN#** _____

TRAILER PLATE # _____ **STATE** _____ **TRAILER PLATE #** _____ **STATE** _____

VEH. YEAR _____ **MAKE** _____ **MODEL** _____ **STYLE** _____ **VEHICLE TOWED** **YES** ☐ **NO** ☐ **TOWED BY** _____ **GOVT. VEHICLE** **YES** ☐ **NO** ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** _____

VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** _____ **CHARGE** _____

VEHICLE NO. 2
 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) C. WELLS **BADGE OR ID # 0131** **AGENCY WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E489416**CASE # **15-202201**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit #1 was traveling northbound on SR 9 approaching the intersection of SR 9/SR 92 when it exited the roadway on the eastern side, traveled over the sidewalk area and flipped, landing on the driver's side of the vehicle and continued to slid out and into the intersection - blocking the westbound turn lanes of SR 92.

The vehicle came to a stop when it rolled onto its roof. The driver of the vehicle fled prior to police arrival and there are no identifiable witnesses to the crash. No person(s) were located when the surrounding area was searched (in case of ejection).

The addresses and phone numbers for the registered owner, Brandon Pirone, were not current.

Vehicle was impounded by Angel Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-04-15 12:01 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

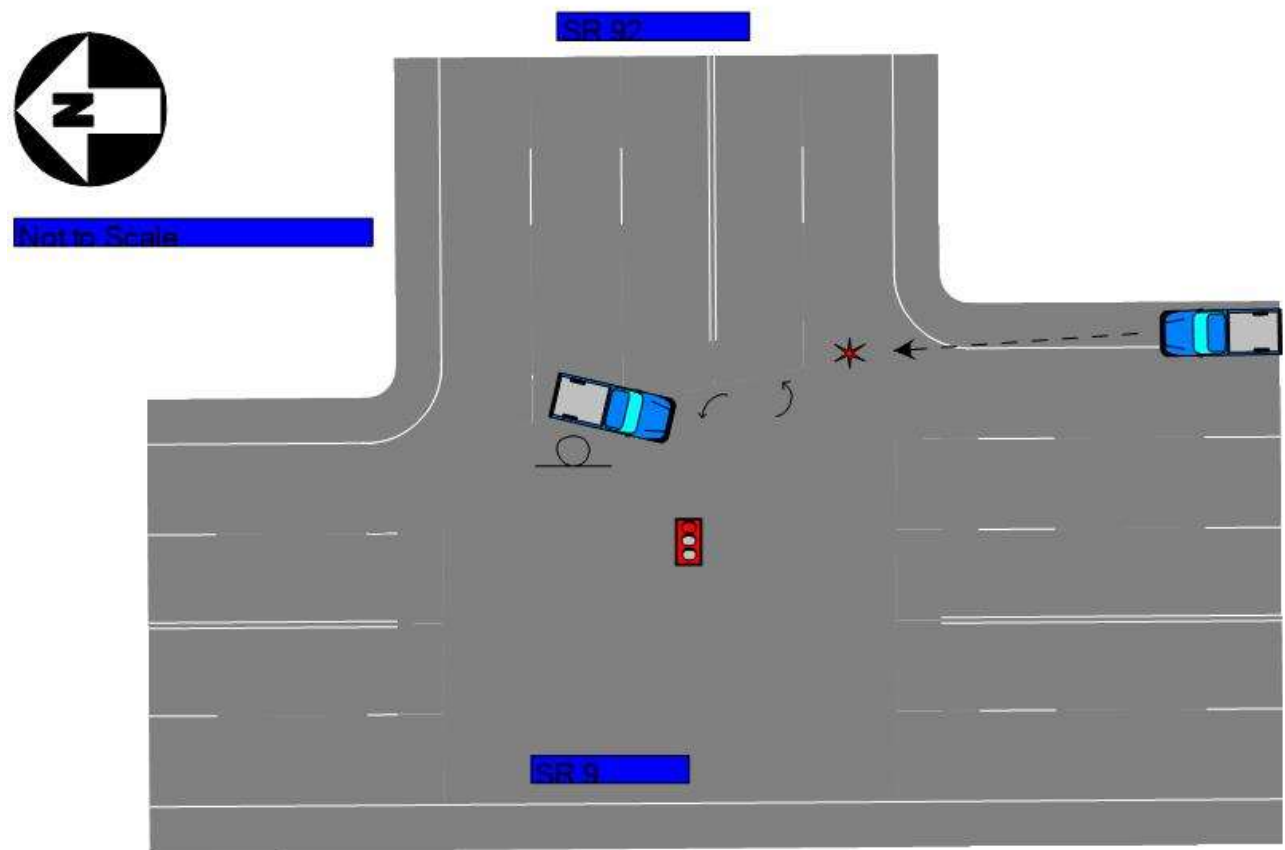
12/4/2015 12:37:44 AM

BADGE OR ID #	0131	ORI #	WA0311900	TIME POLICE DISPATCHED	3:37 AM	TIME POLICE ARRIVED	3:41 AM
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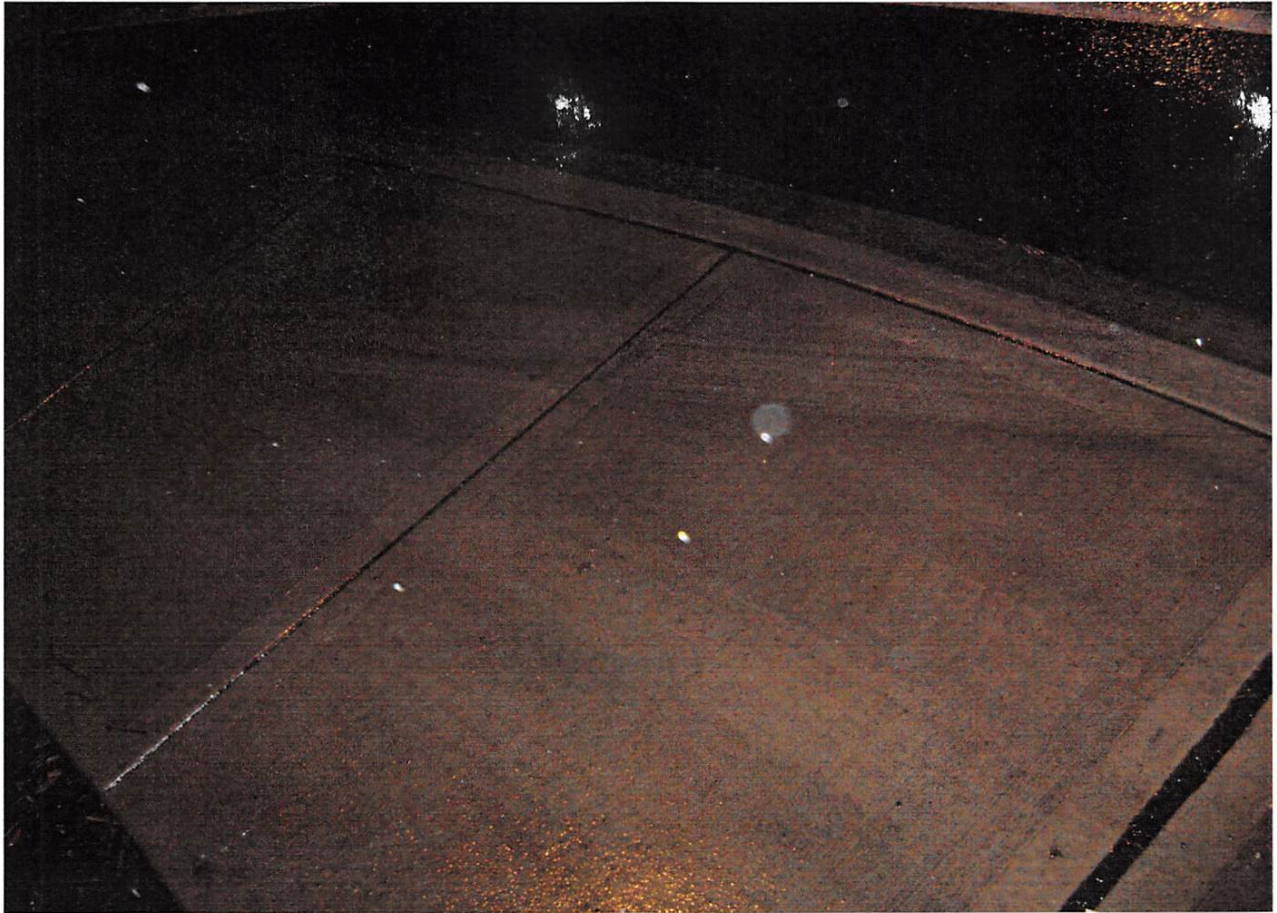
REPORT NO. E489416

CASE # 15-202201

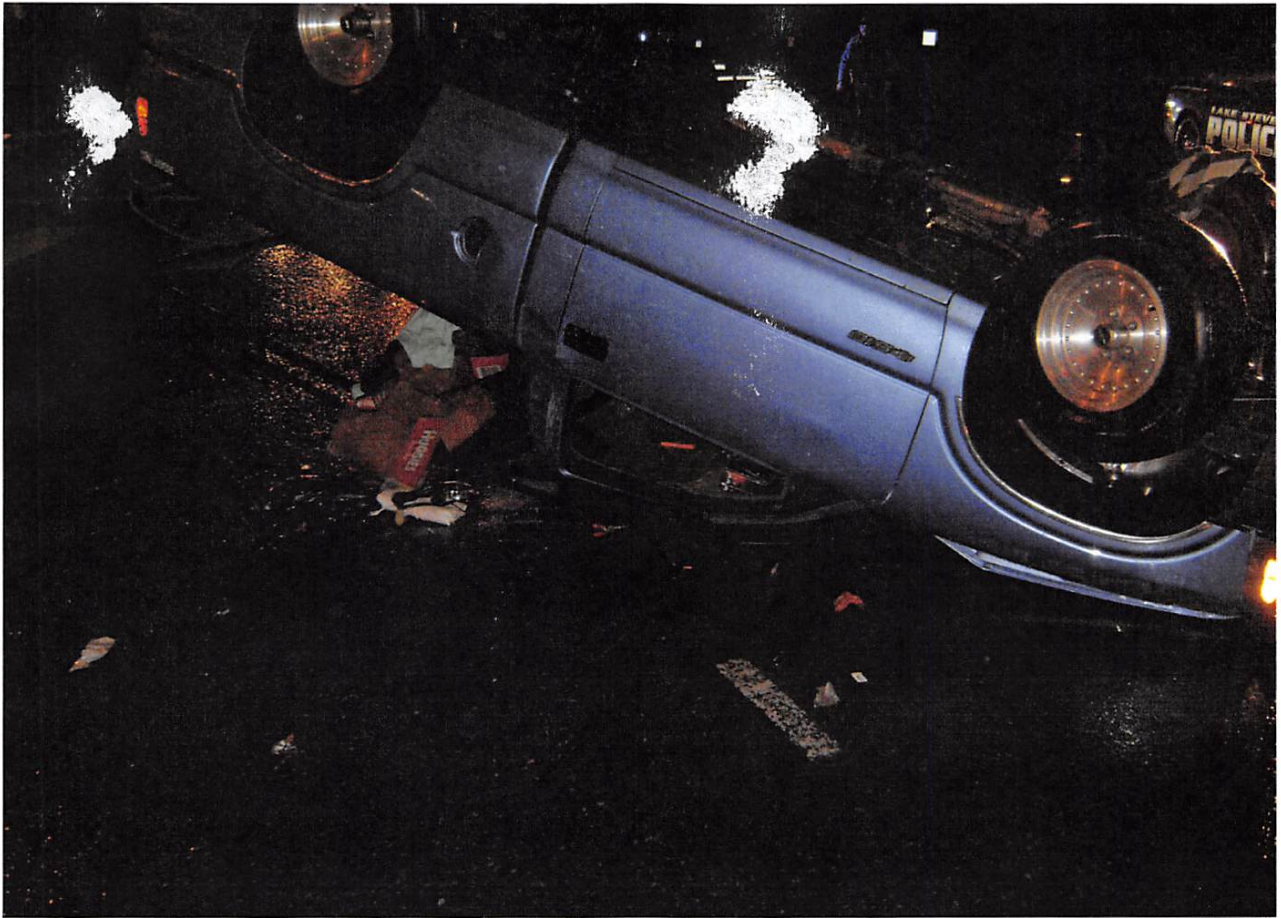
DATE AND TIME
OF COLLISION 12/03/15 03:37













Tow Record

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM ____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

15-202201

VEHICLE INFORMATION

VIN 1G6CCS1446T8108834				
LICENSE B62413W	STATE WA	YEAR 06	MAKE CHEV	MODEL S10
<input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital		STYLE	COLOR Blue	

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) Pirone, Brandon M		NAME (LAST, FIRST, MI)	
STREET ADDRESS 8510 212 ST NE #101		STREET ADDRESS	
CITY, STATE, ZIP CODE Arlington, WA 98223		CITY, STATE, ZIP CODE	
PHONE	DOB	PHONE	

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 12/3/15 AT 401 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE ANGEL TOWING (24 HOUR) (TOWING FIRM),

TO REMOVE THIS VEHICLE FROM SR9 & SR92 INTERSECTION

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5047 DATE 12-3-15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> KEYS []	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S []	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X C. W. [Signature] 5047 COUNTY, WA 131 BADGE NO.

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

2B

1A

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

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UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

15-202201

VEHICLE INFORMATION

VIN 1G1C1C514Y46T8100834			
LICENSE B62413W	STATE WA	YEAR 06	MAKE CHEV
MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital		STYLE	MODEL S10
			COLOR BLUE

DRIVER		REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI)		NAME (LAST, FIRST, MI) Pirone, Brandon M	NAME (LAST, FIRST, MI)
STREET ADDRESS		STREET ADDRESS 8510 212 ST NE #101	STREET ADDRESS
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE Arlington, WA 98223	CITY, STATE, ZIP CODE
PHONE	DOB	PHONE 360 609 8107	PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 12/3/15 AT 401 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
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 (24 HOUR) (TOWING FIRM)

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EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> KEYS []	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S []	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE	NARRATIVE OR DIAGRAM (List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X C. W. Hous / 131 SA No Hous # BADGE NO. 131

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X